

No. 300 SEP 19 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32190

BIRTH NO. _____		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 4292		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>		0 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In her home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u>		b. (Middle) <u>Osbon</u>		c. (Last) <u>LaBrash</u>		4. DATE OF DEATH <u>Sept. 13, 1952</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>SEPT. 21, 1878</u>		9. AGE (In years last birthday) <u>73</u> If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kolia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J.W. HUCKSTEP</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED ALLEN</u>		14. NAME OF HUSBAND OR WIFE <u>M.M. LABRASH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opal Dixon - Winfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Broncho - Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age & Thyrotoxicosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 days</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 1st, 1951</u> to <u>Sept. 13, 1952</u> , that I last saw the deceased alive on <u>Sept. 13, 1952</u> and that death occurred at <u>12:00 noon</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. F.L. Sutton, D.O.</u>				23b. ADDRESS <u>Winfield, Missouri</u>		23c. DATE SIGNED <u>9/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-1952</u>		24c. NAME OF CEMETERY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>RFD - Winfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 19-52</u>		REGISTRAR'S SIGNATURE <u>Emma Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Riddle</u>		ADDRESS <u>Elberry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 4012

P. O. Address Elmhurst, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.